

Clear to All Patient and service information planner (REVIEW)

For more information and support, please visit the [NHSGGC Clear to All](#) website.

Service Lead:
Specialty/Dept:
Division:
Address:
Contact number:
Date:

Document Owner	
The document owner is accountable for ensuring the information is accurate and reviewed in line with local protocol; changes to the information can only be approved by the document owner.	
Name:	
Designation:	
Email:	
Contact number:	

Title of Information:			
MIS reference:		Current version:	

Information type			
Clinical condition or procedure specific (Clinical Guidelines) ¹	<input type="checkbox"/>	Patient aftercare, support and self-care	<input type="checkbox"/>
Medication use (Medicines Management Group) ¹	<input type="checkbox"/>	Carer information	<input type="checkbox"/>
Service information or wayfinding	<input type="checkbox"/>	Public health or health improvement	<input type="checkbox"/>

¹ Named Lead:	Patient information that requires a patient to sign for Consent to Treatment must be approved by your Clinical Governance or Professional Lead.		
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Amendments:
<input type="checkbox"/> Minor (telephone numbers, contact details, typos, word changes)
<input type="checkbox"/> Substantial (new or updated clinical information, change to instructions, content and use)
Is the current version of the document still useable? <input type="checkbox"/> Yes <input type="checkbox"/> No, please withdraw.
Please list changes with paragraph / page numbers where relevant; a separate Word file or tracked PDF can be supplied if changes are extensive.)

Approved by: Name: _____ Job title: _____